

APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

Title of Invention	SEGMENTED CONCRETE SCREED		
Application Type: regular, utility Attorney Docket Number: F02.2-11374-US01			
Correspondence address:			
Customer Number:		490	*490*
Inventors Information:			
<u>Inventor 1:</u>			
Applicant Authority Type:		Inventor	
Citizenship:		US	
Name prefix:		Mr.	
Given Name:		Michael	
Family Name:		LeJeune	
City of Residence:		Wayzata	
State of Residence:		MN	
Country of Residence:		US	
Address-1 of Mailing Address:		480 Old Long Lake Road	
Address-2 of Mailing Address:			
City of Mailing Address:		Wayzata	
State of Mailing Address:		MN	
Postal Code of Mailing Address:		55391	
Country of Mailing Address:		US	
Phone:			
Fax:			

E-mail:

Inventor 2:

Applicant Authority Type: Inventor
Citizenship: US
Name prefix: Mr.
Given Name: Jason
Family Name: Hensley
City of Residence: Shakopee
State of Residence: MN
Country of Residence: US
Address-1 of Mailing Address: 1213 Madison Street
Address-2 of Mailing Address:
City of Mailing Address: Shakopee
State of Mailing Address: MN
Postal Code of Mailing Address: 55379
Country of Mailing Address: US
Phone:
Fax:
E-mail:

Inventor 3:

Applicant Authority Type: Inventor
Citizenship: US
Name prefix: Mr.
Given Name: Thomas
Family Name: Kuckhahn
City of Residence: Prior Lake
State of Residence: MN
Country of Residence: US
Address-1 of Mailing Address: 3164 Wild Horse Circle

Address-2 of Mailing Address:**City of Mailing Address:** Prior Lake**State of Mailing Address:** MN**Postal Code of Mailing Address:** 55372**Country of Mailing Address:** US**Phone:****Fax:****E-mail:****Inventor 4:****Applicant Authority Type:** Inventor**Citizenship:** US**Name prefix:** Mr.**Given Name:** Donald**Family Name:** Hall**City of Residence:** New Prague**State of Residence:** MN**Country of Residence:** US**Address-1 of Mailing Address:** 24619 Cedar Point Road**Address-2 of Mailing Address:****City of Mailing Address:** New Prague**State of Mailing Address:** MN**Postal Code of Mailing Address:** 56071**Country of Mailing Address:** US**Phone:****Fax:****E-mail:****Inventor 5:****Applicant Authority Type:** Inventor**Citizenship:** US

Name prefix: Mr.
Given Name: Richard
Family Name: Wesen
City of Residence: Westfield
State of Residence: IN
Country of Residence: US
Address-1 of Mailing Address: 203 186th Street West
Address-2 of Mailing Address:
City of Mailing Address: Westfield
State of Mailing Address: IN
Postal Code of Mailing Address: 46074
Country of Mailing Address: US
Phone:
Fax:
E-mail:

Inventor 6:

Applicant Authority Type: Inventor
Citizenship: US
Name prefix: Mr.
Given Name: Joseph
Family Name: Novotny
City of Residence: New Prague
State of Residence: MN
Country of Residence: US
Address-1 of Mailing Address: 406 Second Avenue NW
Address-2 of Mailing Address:
City of Mailing Address: New Prague
State of Mailing Address: MN
Postal Code of Mailing Address: 56071
Country of Mailing Address: US

Phone:

Fax:

E-mail: